

**MONTANA BOARD OF BARBERS AND COSMETOLOGISTS**  
**P. O. Box 200513**  
**301 S PARK, 4<sup>TH</sup> FLOOR (Delivery)**  
**Helena, Montana 59620-0513**  
**(406) 841-2378      FAX (406) 841-2309**  
**E-MAIL: dlibsdcos@mt.gov      WEBSITE: www.cosmetology.mt.gov**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.  
Please allow 10 days for processing from the date the Board receives a completed routine application

**BARBERS AND INSTRUCTORS ARE NOT PERMITTED TO PRACTICE BARBERING OR INSTRUCTING  
IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE.  
ALL SERVICES MUST BE PERFORMED IN A LICENSED BARBERSHOP OR SALON.**

**LICENSE REQUIREMENTS:**

**BARBER:**

- ♦ Must be at least 18 years or older
- ♦ Must be a high school graduate or equivalent
- ♦ **Exam applicants** must have completed 1500 hours of training in an approved school of barbering or barbering course
- ♦ **Endorsement applicants** must hold a current license in another state
- ♦ Must pass the Board approved Barber exam at 75% proficiency or higher

**BARBER INSTRUCTOR:**

- ♦ Must be at least 18 years or older
- ♦ Must be a high school graduate or equivalent
- ♦ Must hold a current Montana Barber license that is in good standing
- ♦ Must have completed 500 hours of teacher training from a school with an approved teacher training course **or**
- ♦ Must have been actively and continuously engaged in the practice of barbering full-time for at least 3 years prior to taking the exam

**FEES:**

- ♦ **\$ 45.00 Barber License Application Fee**
- ♦ **\$ 60.00 Barber Instructor Application Fee**

**\*\*Make check or money order payable to the Montana Board of Barbers and Cosmetologists\*\***

**DOCUMENTS:**

**The following documents must be submitted with your application:**

**BARBER:**

- ♦ Proof of age, such as birth certificate or driver's license
- ♦ Copy of high school diploma, transcripts or equivalent
- ♦ **Exam applicants** - diploma from a barbering school which shows number of hours completed
- ♦ **Endorsement applicants** - an original verification of licensure from each state a license is held or has been held (**you will need to contact the appropriate State(s) Board office(s) to request this**)

**BARBER INSTRUCTOR:**

- ◆ Proof of age, such as birth certificate or driver's license
- ◆ Copy of high school diploma, transcripts or equivalent
- ◆ Diploma from a teacher training program which shows number of hours completed **or**
- ◆ Employer/contractor affidavits and proof of income, i.e., W-2 or 1099 (3 yrs)

**\*\*All Documents Must Be Submitted To The Board Office\*\***

**\*\*Documents Not In English Must Be Accompanied By Certified Translations\*\***

**APPLICATION PROCEDURES**

- ◆ When the application file is complete, it will be processed by Board staff for permanent licensure.
- ◆ An incomplete or non-routine application may be a delayed. You may be requested to provide additional information or to make a personal appearance before the Board during a regularly scheduled Board meeting. These applications may take up to 120 days to process.
- ◆ All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Some states may charge a fee for verification. Contact each state board for its requirements.
- ◆ Keep the Board office informed at all times of any address change, change in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

**PROCESSING PROCEDURES**

- ◆ Once a complete routine application is received, processing may require up to 10 days to process.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved, a permanent license will be issued.

**For information regarding the processing of this application or other concerns please contact the Board of Barbers and Cosmetologists staff at (406) 841-2378 or email us at [dlibsdcos@mt.gov](mailto:dlibsdcos@mt.gov)**

**PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF BARBERS AND BARBER INSTRUCTORS ON OUR WEBSITE: [www.cosmetology.mt.gov](http://www.cosmetology.mt.gov)**

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**Application for Licensure for (check one):** (All fees are non-refundable and are not pro-rated)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Barber by Examination - \$45.00</b><br><input type="checkbox"/> <b>Barber by Endorsement – \$45.00</b> | <input type="checkbox"/> <b>Barber Instructor by Education - \$60.00</b><br><input type="checkbox"/> <b>Barber Instructor by Experience - \$60.00</b> |
|--|---|

Please allow 10 days for processing a completed routine application.

1. FULL NAME: \_\_\_\_\_  
Last First Middle

2. OTHER NAME(S) KNOWN BY: \_\_\_\_\_

3. HOME ADDRESS: \_\_\_\_\_  
Street or PO Box # City and State Zip

4. TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Fax E-mail Address

5. SOCIAL SECURITY NUMBER: \_\_\_\_\_ FOREIGN ID NUMBER: \_\_\_\_\_

6. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
City/State ☐ MALE ☐ FEMALE

7. LICENSE NAME \_\_\_\_\_  
(State your name as it should appear on the license if granted.)

8. GENERAL EDUCATION: ☐ High School Diploma ☐ High School Equivalent (GED)

Name of High School	City and State	Date of Graduation/Equivalent	Degree Earned
			<input type="checkbox"/> Yes <input type="checkbox"/> No

9. PROFESSIONAL EDUCATION:

Name of Barber School/College	City and State	Dates Attended	Hours Completed	Diploma Received
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

10. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Which written examination did you take for initial licensure?

☐ NIC National Examination ☐ State Examination (indicate which state) \_\_\_\_\_

12. Have you ever been denied by any state the right to take a professional licensing examination? If yes, provide a detailed explanation and a copy of the denial letter.

☐ Yes ☐ No

13. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation.

☐ Yes ☐ No

14. Do you have criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit charges or convictions prior to your 16th birthday. If yes, please attach a detailed explanation and provide court documents.

☐ Yes ☐ No

15. Has any legal or civil disciplinary action been filed against you which relates to your propriety of, or your fitness to practice this profession? If yes, attach a detailed explanation and provide documentation.

☐ Yes ☐ No

16. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach a detailed explanation and provide documentation from the licensing agency.

☐ Yes ☐ No

17. Have you been treated for the use or misuse of any prescription drug, alcoholic beverages, illegal chemical substance or any other mood-altering substance? If yes, attach a detailed explanation and provide supporting documentation.

☐ Yes ☐ No

18. Do you have any physical or mental condition which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.

☐ Yes ☐ No

19. Has a complaint ever been made against you alleging unethical behavior, or unprofessional conduct? If yes, attach a detailed explanation and documentation.

☐ Yes ☐ No

20. Have you ever had a license or work permit denied, revoked or suspended? If yes, attach a detailed explanation and documentation.

☐ Yes ☐ No

21. Have you ever voluntarily surrendered, cancelled or forfeited your license or work permit? If yes, attach a detailed explanation.

☐ Yes ☐ No

22. Have you enclosed all required documents that are listed on pages 2 and 3 of this application?

☐ Yes ☐ No

**AFFIDAVIT**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Barbers and Cosmetologists

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Signature of Notary Public

SEAL

\_\_\_\_\_  
Notary Public Printed Name

\_\_\_\_\_  
For the State of

My commission expires \_\_\_\_\_, \_\_\_\_\_.